

# HLTH AGE 703: SOCIAL SYSTEMS, SERVICES AND POLICY: CRITICAL PERSPECTIVES

## Winter 2022 Term

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5:20pm

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## **Course Description**

This course provides an overview of systems, services and policies that exist in rich, industrialized societies to promote and protect the health and well-being of people over the life course, from infancy to late life. It adopts a population health/ social determinants of health approach. By the end of the course, students should be familiar with concepts and topics such as:

- life course approaches;
- the social determinants of health;
- the policy formation process;
- health care finance;
- delivery and institutions;
- early learning and healthy child development policy;
- income security policies;
- public health systems and policies;

By way of skills, students in the course will gain skills in reading critically (both significant peer reviewed publications and current media), oral presentation, debate and group discussion, writing policy briefs and papers.

## **Course Objectives**

By the end of the course students should be able to:

- Identify and describe various policies, systems, and services in Canada designed to facilitate health across the life course
- Understand the policy-making process and how to formulate and write about policy problems
- Appraise the impacts of Canada's health & social systems, policies and services on population health outcomes and inequities in health
- Identify and describe important policy problems in Canada that contribute to population health inequities, and propose policy-relevant strategies to overcome these problems

## **Required Materials and Texts**

- Readings are listed below (weekly course schedule). Most are accessible through McMaster library. In case access is not easy a pdf will be posted on Avenue.

## **Class Format**

The class will meet once a week. Students are expected to attend all class meetings having completed the assigned readings (and having submitted their reading notes),

and to participate in discussions; this will form the basis of the class participation component of the evaluation. The in-class discussion will centre on the content of the readings and on the weekly current topic, and it is imperative that students are familiar with the material in order to actively participate. Class time will emphasize peer-based dialogue, engagement and critical thinking fostered through mutual respect. In an effort to limit classroom distractions that compromise the learning process, students are requested to arrive on time for class and turn off and stow away any devices.

Each class will include a lecture on the topic to be covered the next week, a review and discussion of the readings assigned for the week (facilitated by a student) and ending with open question period about the course and assignments.

### **Course Evaluation – Overview**

Students will write a research paper which explores a topic raised in the course. The first step will be to complete a paper proposal in order to allow for feedback early in the course about their chosen topic.

In addition, each student will be responsible for preparing a short policy brief on a timely health or social policy problem, at any level of government, and will present their policy brief to the class.

1. Assignment 1 – Facilitation of readings/current issue (15%), sign-up due January 13<sup>th</sup>, 2022
2. Assignment 2 - Paper proposal (10%), due March 2<sup>nd</sup>, 2022
3. Assignment 3 - Policy Brief (25%), due March 9<sup>th</sup>, 2022
4. Assignment 4 - Policy Brief Presentations (10%), April 6<sup>th</sup>, 2022
5. Assignment 5 - Paper (25%), due date TBD
6. Participation to in-class discussion (15%)

### **Course Evaluation – Details**

**Assignment 1:** Readings review (15%), sign-up sheet due Jan. 13<sup>th</sup>, 2022

Each week students will facilitate the weekly readings. Feedback will be recruited from the class and used as input for the grade.

**Assignment 2:** Term Paper Proposal (10%), due March 2<sup>nd</sup>, 2022

A two-page double spaced proposal for the term paper is required. This proposal should include the topic chosen and brief rationale for the choice, the argument to be presented, a brief summary of the literature to be used to defend the argument and draft recommendations for policy and practice.

Feedback will be provided on March 9<sup>th</sup>, 2022.

The final paper is expected to incorporate the feedback.

**Assignment 3: Policy Brief (30%), due March 9<sup>th</sup>, 2022**

In this assignment students will write a policy brief on a topic of their choice in the broad area of health and/or social policy. A policy brief is a document which outlines the rationale for choosing a particular policy alternative or course of action. Usually policy briefs are prepared by policy analysts and delivered to a decision-maker in order to assist them in identifying the options available, along with the rationale and the pros and cons of each option. More and more, however, a variety of organizations are using a slightly different form of policy brief as a means to advocate with the media, decision-makers and the public for a particular position. This means that the neutrality of the writer of a policy brief may be different under different circumstances.

Most people acknowledge that an important characteristic of a policy brief is that it should be persuasive, clear and succinct. It is intended to convince the reader of the urgency of the problem, give clear, logical alternative courses of action to address it, the advantages and disadvantages of each option, and (in some cases) recommend a course of action based on this analysis.

Ideally students will select a topic that is of particular interest and / or contributes to a thesis or major project they must do for their degree, but that is not required. The topic does not have to be based in Canada, international topics are welcome. Students may choose to address topics at the system, service or program level. The policy brief could address a current policy priority (and offer options for a new direction), or it could make an argument intended to get something onto the agenda of a decision-maker, and then offer options for action having established the importance of the issue.

Limit the policy brief to 4 pages in length (1,000 words), typed, double-spaced. Indicate the word count on the cover page. References should be handled a little differently than a normal academic paper. Only statements that are factually verifiable (e.g., the child poverty rate in Ontario in 2012 was X%) and particularly unique or innovative policy ideas that have been published (e.g., 'health care accounts') should be referenced.

Much less referencing is expected than in an academic paper. On-line sources should be carefully scrutinized for their credibility and properly documented. Policy briefs generally have a defined structured format. There are many similar formats to choose from. Students can draw from this web site <https://writingcenter.unc.edu/policy-briefs/> or guides posted on Avenue to writing a policy brief to select the format you want to use. There are also several sample policy briefs available on Avenue.

The deadline for this assignment is March 2, 2022, to be submitted on Avenue, by the beginning of class. If you are unsure about any aspect of this assignment, please contact the instructor. Feedback and marks for this assignment will be provided by March 16, 2022. Students are expected to address the feedback in their presentation at the end of the course.

**Assignment 4:** Policy Brief Presentations (10%), April 6<sup>th</sup>, 2022 (sign up due March 2, 2022)

Students will present their policy brief papers along with updates/revisions made after receiving feedback. Each student will have 10 minutes to present and 10 minutes for Q&A. Feedback will be received from the class and used as input for the grade.

**Assignment 5:** Term Paper (35%), due later in the term (date TBD)

Students will write a term paper on a topic relevant to systems, services and policies for health and/or well-being. Students will select a topic that is of particular interest and / or contributes to a thesis or major project for their degree. The topic does not necessarily have to be about a specific service, system or policy that actually exists, it could, for instance, be a more theoretical / conceptual paper that analyses a particular policy problem, system delivery issue or service problem. It could then make an argument about how the issue / problem should be conceptualized in order to best understand how to address it in policy or programs. Examples appear below. Students cannot choose the same topic as for the policy brief paper.

The term paper should be between 25 and 30 pages, typed, double-spaced (maximum 8,000 words) and properly referenced. Any commonly used style is acceptable (e.g., Chicago, Vancouver, etc.), although a style that uses (Author, Date) in the text and an accompanying reference list is preferred. On-line sources should be carefully scrutinized for their credibility and properly documented. Indicate the word count on the title page.

There is no prescribed structure for the term paper, but it should generally be in the style of a scholarly paper that carefully sets out the problem, clearly indicates the argument that is intended, uses appropriate evidence to support that argument, summarizes the argument and then discusses its implications for policy and practice. It should be in a style that would be acceptable to a scholarly journal. The term paper should be more than just descriptive. The term descriptive means just reporting figures, events, the opinions of others, etc. The report, in addition to including descriptive material should also involve critical analysis of whether arguments are cogent and consistent, and also often involves bringing in competing perspectives to shed light on whether authors have overlooked or not sufficiently justified.

Examples of topics include (this is not an exhaustive list; it is just illustrative):

- □ The shortcomings of fee-for-service payment of physicians have been described by many critics. What are these shortcomings, and what measures have been attempted to address them? How successful have these measures been? What alternatives have not been tried?
- □ Critics suggest that the public health sector suffers from a number of important challenges, including chronic under-investment relative to its importance in maintaining the health of the population and problems of co-ordination across

levels. What are the key problems? What are the best solutions to these problems? What has been tried elsewhere and with what impact?

- □ Home care is often portrayed as a more humane and desirable alternative to institutional care. What are the shortcomings of home care in Ontario? How have these issues been addressed in current policy? What do other jurisdictions do? What kinds of alignment with other policy sectors is required for home care to work well? How well is that being done?

## **Weekly Course Schedule and Required Readings (Note additional required and optional readings may be added through the course)**

### **Block #1: Concepts**

#### **Week 1, January 10 to 14: Overview of the course and lecture on public health and population health**

##### **Lecture**

1. History and organization of public health in Canada (Cassel, Marchildon);
2. What public health does: what cannot be sold and bought on a market/private transaction (externalities, public goods, coercion);
3. The risks of public health (public health is not always “good”): wrong choices (lead poisoning and waste of resources; war on drugs and individual freedom).
4. Definition of population health (Kindig and Stoddart)
5. Measures of population health (Murray, Salomon and Mathers)
6. Evaluation of large-scale public policy changes (Basu et al.)
7. The difference between public health and population health.

No readings for Week 1.

#### **Week 2, January 17 to 21: Discussion on public health and population health and lecture on the social determinants of health**

Seminar discussion on public health and population health, based on the following readings:

On public health:

1. Anthony Fauci, Beatty Lecture (McGill University): “Covid-19, lessons learned and remaining challenges”, October 1<sup>st</sup>, 2021:  
[https://www.qwant.com/?client=ext-firefox-sb&t=videos&q=anthony+fauci+mcgill&o=0%3Asnmc\\_VL4dTk](https://www.qwant.com/?client=ext-firefox-sb&t=videos&q=anthony+fauci+mcgill&o=0%3Asnmc_VL4dTk) from 7’ to 1h00’ (this is the time of the lecture and Q&A).

2. Buajitti, E., X. Fazio, J.A. Lewis and L. C. Rosella (2021) "Association between lead in school drinking water systems and educational outcomes in Ontario, Canada", *Annals of Epidemiology*, 55: 50-56

On population health:

1. Coburn D, Denny K, Mykhalovskiy E, McDonough P, Robertson A, Love R. Population health in Canada: A brief critique. *Am J Public Health* 2003; **93**:392-396.
2. Labonte R, Polanyi M, Muhajarine N, McIntosh T, Williams A. Beyond the divides: Towards critical population health research. *Critical Public Health* 2005; **15**:5-17.

Total: 25 pages + 43 minute video.

Optional readings:

3. Frohlich KL, Potvin L. Collective lifestyles as the target for health promotion. *Can J Public Health* 1999; **90 Suppl 1**:S11-4.
4. Frohlich KL, Potvin L. The inequality paradox: The population approach and vulnerable populations. *American Journal of Public Health* 2008
5. Sanjay Basu, Ankita Meghani and Arjumand Siddiqi (2017); Evaluating the Health Impact of Large-Scale Public Policy Changes: Classical and Novel Approaches *Annu. Rev. Public Health*.38:351-370
6. Murray CJ, Salomon JA, Mathers C. A critical examination of summary measures of population health. *Bull World Health Organ* 2000; **78**:981-994.
7. Rose G. Sick individuals and sick population. *International Journal of Epidemiology* 2001; **30**:427-432.

Lecture: Social determinants of health.

1. The health promotion origin (Lalonde report):
  - a) Population health as a social fact (Durkheim and suicide)
  - b) The McKeown hypothesis: living standards, not medical care
2. The social inequalities in health origin (Fraser Mustard):
  - a) Influence of social hierarchy: Sapolsky
  - b) The Evans-Barer-Stoddart model: at the frontier between individual choices and social constraints.
3. Illustration: water sanitation in India



4. Illustration: Nancy Krieger's conceptual framework
  - a) host-agent-environment
  - b) homeostasis, allostasis, allostatic load
  - c) social capital
  - d) eco-social theory
  - e) eco-epidemiology
  - f) social-ecological systems perspective
  - g) embodiment
  - h) accountability

### **Week 3, January 24 to 28: Discussion on social determinants of health and lecture on life course approaches**

Seminar discussion on social determinants of health, based on the following readings:

1. Krieger N. Theories for social epidemiology in the 21st century: An ecosocial perspective. *Int J Epidemiol* 2001; **30**:668-677.
2. Sapolsky RM. The influence of social hierarchy on primate health. *Science* 2005; **308**:648-652.
3. The Black report on health inequalities, chapter 6, section A (to 6.29), available at: <https://www.sochealth.co.uk/national-health-service/public-health-and-wellbeing/poverty-and-inequality/the-black-report-1980/black-report-6-explanation-of-health-inequalities/>

Total: 31 pages. (This is an approximation: pages from the Black report are from a book and not comparable to article pages – they are much shorter).

Optional readings:

4. McKeown, Thomas, and Robert G. Brown. "Medical evidence related to English population changes in the eighteenth century." *Population studies* 9.2 (1955): 119-141.
5. Colgrove J. The McKeown thesis: A historical controversy and its enduring influence. *Am J Public Health* 2002; **92**:725-729.
6. World Health Organization. Rio Political Declaration on Social Determinants of Health. 2011.

Lecture: Life course approaches

1. Early childhood
  1. Lifecourse epidemiology (Kuh, Ben Shlomo, Lynch et al.)
  2. The Heckman model

3. Estimation issues: Effect of access to perinatal care on adult outcomes (Janet Currie and Brigitte Madrian)
4. Estimation issues: The Dutch famine
5. Estimation issues: Height and income
6. Addictive behaviours and habit formation
2. In later life:
  1. Effect of retirement on health.
  2. The great leveler.
  3. Cumulative disadvantage theory.

### **Week 4, January 31 to February 4: Discussion on life course approaches and lecture on political economy of health**

Seminar discussion on life course approaches:

Readings:

1. Almond, Douglas, and Janet Currie. "Killing me softly: The fetal origins hypothesis." *Journal of economic perspectives* 25.3 (2011): 153-72.
2. Ferraro, K. F., Shippee, T. P., & Schafer, M. H. (2009). Cumulative inequality theory for research on aging and the life course. In V. L. Bengtson, D. Gans, N. M. Pulney, & M. Silverstein (Eds.), *Handbook of theories of aging* (pp. 413–433). Springer Publishing Company.

Total: 41 pages

Optional readings:

3. Kuh D, Ben-Shlomo Y, Lynch J, Hallqvist J, Power C. Life course epidemiology. *J Epidemiol Community Health* 2003; **57**:778-783.
4. McCain, M. and Mustard, J.F. (1999). The Early Years Report: Reversing the Real Brain Drain. Toronto: Founder's Network. (Preface and Summary)
5. Kershaw P, Anderson L, Warburton B, Hertzman C. 15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment in BC. Vancouver: Human Early Learning Partnership, 2009. <http://www.earlylearning.ubc.ca/documents/2009/15by15-Executive-Summary.pdf>
6. Bennett, J. (2008). Benchmarks for Early Childhood Services in OECD Countries. Innocenti Working Papers, 2008-02. <http://www.unicef-irc.org/cgi-bin/unicef/Lunga.sql?ProductID=515>

Lecture: The political economy of health.

1. What is political economy? (non market choices – health care as a publicly distributed private good, market power and poverty traps, power and policy-making)
2. Is health political?

3. Illustration: child labour in France in the 19<sup>th</sup> century
4. Illustration: Prohibition of alcohol in the US in the 1920s
5. Illustration: Tobacco control in the late 1980s
6. Illustration: Ethnic divisions and health insurance and policy

## **Block #2: Organization and policies**

### **Week 5, February 7 to 11: Discussion on the political economy of health and lecture on health care systems: finance, delivery and governance (and effect on population health), public health systems and policies**

Seminar discussion on the political economy of health and health policy:

Readings:

1. Ottersen, Ole Petter, et al. "The political origins of health inequity: prospects for change." *The Lancet* 383.9917 (2014): 630-667.

Total: 38 pages.

Optional readings:

1. W. M. Reddy, *The rise of market culture: The textile trade and French society 1750-1900*, chapter 6, visions of subsistence (on child labour in France)
2. C. Bamba, D. Fox and A. Scott-Samuel (2005) "Towards a politics of health", *Health Promotion International* 20(2): 187-193
3. D. Fassin (2009) "Another politics of life is possible", *Theory, Culture & Society*, 26(5): 44-60.
4. D. T. Studlar (2008) "U.S. Tobacco Control: Public Health, Political Economy, or Morality Policy?", *Review of Policy Research*, Volume 25, Number 5: 393-410
5. C. Garcia-Jimeno (2016) "The political economy of moral conflict: an empirical study of learning and law enforcement under prohibition", *Econometrica*, 84(2): 511-570
6. R. Dupré (2004) "The prohibition of alcohol revisited: the US case in international perspective", Working Paper HEC Montréal, 04-11.

Lecture: Health systems, their organizations and their differences:

1. Organization of the health care system: general overview (triangle)
2. Financing
3. Funding
4. Delivery
5. Regulation (innovation)
6. The Canadian health care system (overview)
7. International comparisons: how why are health care and welfare systems different?

## **Week 6, February 14 to 18: Discussion on health care systems and lecture on income security policies**

Discussion on health systems, their organization and their differences:

Readings:

1. Lavis JN (editor), Ontario's health system: Key insights for engaged citizens, professionals and policymakers. Hamilton: McMaster Health Forum; 2016, chapters 3 and 4. Available at: <https://www.mcmasterforum.org/find-evidence/ontarios-health-system>
2. M. Grignon "Roadblocks to reforms: beyond the usual suspects" CHEPA Working paper 12-01

Total: 128 pages. It looks like a lot, and it is a lot, but it is not really conceptual. It is a lot of description. You should start ahead of our meeting and take good notes (especially, while reading Lavis et al., ask yourself how things could be different), but it is an easy read.

Optional readings:

1. Alberto Alesina, Reza Baqir and William Easterly, 1999, "Public goods and ethnic divisions," *Quarterly Journal of Economics*, 114(4): 1243-84
2. Evans, R.G. (2010). Medicare is sustainable, for-profit care is not: Briefing note Canadian Health Coalition.

Lecture: Basic income policies and their effect on health.

1. The problem: link between income and health and endogeneity
2. Definition and measurement of poverty
3. Quasi-experiments on income shocks and health:
  - 1) Indigenous casinos in the US
  - 2) Lottery winners
4. Field experiments on effects of reduction in poverty on health:
  - 1) Conditional cash transfer programs in LMIC
  - 2) Basic income experiments: definition and effects on health (Dauphin, Manitoba)
5. Effect of retirement income on mortality
6. Basic income or reduction of income inequality?

## **Week 7, February 21 to 25: Reading week/Mid-term recess**

No class this week.

## **Week 8, February 28 to March 4: Discussion on income security policies (retirement, basic income) and their effect on health and lecture on the war on drugs**

Seminar discussion on income security policies:

Readings:

1. Forget, E. (2011) "The Town with No Poverty: The Health Effects of a Canadian Guaranteed Annual Income Field Experiment." *Canadian Public Policy*, 37(3):283-305.
2. Eggleton, A. (2008). In *From the Margins: A Call to Action on Poverty, Housing and Homelessness*. Senate of Canada: The Standing Committee on Social Affairs, Science and Technology. Report of the Subcommittee on Cities. Sections 1 & 2.

Total: 87 pages (pages from the Senate report are relatively easy read).

Optional readings:

1. Osypuk, T.L., Joshi, P., Geronimo, K. and D. Acevedo-Garcia. (2014). Do Social and Economic Policies Influence Health? A Review. *Current Epidemiology Reports*, 1(3): 149-164
2. Costello, E.J.. et al. (2003). Relationships between poverty and psychopathology: A natural experiment. *Journal of the American Medical Association*, 290: 2023-2029.
3. Fernald, L., Gertler, P.J. and Neufeld, L.M. (2009). 10-year effect of Oportunidades, Mexico's conditional cash transfer programme, on child growth, cognition, language, and behaviour: a longitudinal follow-up study. *The Lancet*, 374(9706): 1997-2005.
4. Battle, K. (2006). *Towards a New Architecture for Canada's Adult Benefits*. Ottawa: Caledon Institute.

Lecture: The war on drugs

1. World history of the war on drugs (from the late 19<sup>th</sup> century to the present)
2. The war on drugs in Mexico, Columbia and the Philippines: a real war.
3. The war on drugs in Canada: Ottawa and Vancouver and harm-reduction
4. Massive harm-reduction: Switzerland, 1993 on.
5. De-criminalization: Portugal, 2002 on.
6. Legalization: Uruguay, 2014 to Canada, 2019.
7. The opioid crisis

**Week 9, March 7 to 11: Discussion on the war on drugs and lecture on health-in-all policies**

Seminar discussion on the war on drugs:

Readings:

1. Del Pozo, Brandon, et al. "Beyond Decriminalization: Ending the War on Drugs Requires Recasting Police Discretion through the Lens of a

Public Health Ethic." *The American Journal of Bioethics* 21.4 (2021): 41-44.

2. Cabral, Tiago S. "The 15th anniversary of the Portuguese drug policy: Its history, its success and its future." *Drug Science, Policy and Law* 3 (2017): 2050324516683640.
3. Rosanna Smart & Rosalie Liccardo Pacula (2019) Early evidence of the impact of cannabis legalization on cannabis use, cannabis use disorder, and the use of other substances: Findings from state policy evaluations, *The American Journal of Drug and Alcohol Abuse*, 45:6, 644-663, DOI: [10.1080/00952990.2019.1669626](https://doi.org/10.1080/00952990.2019.1669626)

Accessible at:

<https://www.tandfonline.com/doi/10.1080/00952990.2019.1669626>

Total: 29 pages.

Optional readings:

1. Marquez, Carola B. "Changing The Outlook Toward the Problem of Opioid Addiction: From "War on Drugs" to "Public Health Emergency"." (2020).

Lecture on health-in-all policies:

1. The policy formation process: the Kingdon framework
2. The policy formation process: the 3I framework
3. Illustrations: Health Reform Observer
4. Health-in-all policies: definitions and concepts
5. Health-in-all policies: implementation
6. Health-in-all policies: critical assessment

## **Week 10, March 14 to 18: Discussion of health-in-all policies and the policy formation process and lecture on income inequality and health.**

Seminar discussion on health-in-all policy:

Readings:

1. Wernham, A. and S.M. Teustch. (2015). Health in all policies for big cities. *J Public Health Management Practice*, 21(1 Supp), S56–S65
2. Alvaro, C. Jackson, L.A., Kirk, S., McHugh, T.L., Hughes, J., Chircop, A. and Lyons, R.F. (2011). Moving Canadian governmental policies beyond a focus on individual lifestyle: some insights from complexity and critical theories. *Health Promotion International*, 26 (1): 91-99
3. Addy, N.A., Poirier, A., Blouin, C., Drager, N. and L. Dubé (2014). Whole-of-society approach for public health policymaking: a case study of

polycentric governance from Quebec, Canada. *Annals of the New York Academy of Sciences*, 1331: 216–229.

Total: 32 pages.

Lecture on income inequality and health:

1. Changes in global income inequality
2. Changes in income inequality in Canada
3. Are unequal societies in poorer health? The Wilkinson hypothesis and potential mechanisms (social capital; plutocracy)
4. Discussion of Wilkinson: Gravelle (poverty rather than inequality)
5. Discussion of Wilkinson: Deaton

### **Block #3: Society at large**

#### **Week 11, March 21 to 25: Discussion of evidence on income inequality and health and lecture on deaths of despair in the US (1970-2020).**

Seminar discussion on income inequality and health:

Readings:

1. R. W. Wilkinson and K.E. Pickett (2006) Income inequality and population health: A review and explanation of the evidence, *Social Science and Medicine* 62: 1768-84
2. K.E. Pickett and R.G. Wilkinson (2015) Income inequality and health: A causal review, *Social Science and Medicine* 128: 316-326
3. O. O'Donnell, E. van Doorslaer and T Van Ourti, 2013, Health and Inequality, section 5: 95-111 *Handbook of Income Distribution*, A. Atkinson and F. Bourguignon (editors).

Total: 45 pages.

Lecture on Deaths of Despair.

#### **Week 12, March 28 to April 1: Discussion of the Deaths of despair**

Seminar discussion on the Deaths of Despair

Readings:

1. A. Case and A. Deaton (2015) Rising morbidity and mortality in midlife among white non-hispanic Americans in the 21<sup>st</sup> century, *Proceedings of the National Academy of Science*, 112(49), 15078-083
2. A. Case and A. Deaton (2017) Mortality and morbidity in the 21<sup>st</sup> century, *Brookings Paper on Economic Activity*: 397-476
3. A. Case and A. Deaton (2021) Life expectancy in adulthood is falling for those without a BA degree, but as educational gaps have widened,

racial gaps have narrowed, Proceedings of the National Academy of Science, 118(11), 6 pages.

Total: 93 pages (no need to read all of #2).

Optional readings:

1. Case and A. Deaton (2021) Mortality rates by college degree before and during Covid-19, NBER Working Paper 29328

## **Week 13, April 4 to 8: Presentations and policy briefs discussions**

### **Course Policies**

#### **Submission of Assignments**

Written assignments are to be uploaded on Avenue to Learn by the beginning of class on the due date.

#### **Grades**

Grades will be based on the McMaster University grading scale:

<b>MARK</b>	<b>GRADE</b>
90-100	A+
85-90	A
80-84	A-
77-79	B+
73-76	B
70-72	B-
0-69	F

#### **Late Assignments**

Late assignments will be marked and the grade reduced by 5% per day for 5 days maximum.

#### **Absences, Missed Work, Illness**

Students are expected to attend every class. Absences must be reported to the Course Instructor prior to the class start time. Students who miss more than two classes for any reason will be required to complete extra work.

#### **Avenue to Learn**

In this course we will be using Avenue to Learn. Students should be aware that, when they access the electronic components of this course, private information such as first and last names, user names for the McMaster e-mail accounts, and program affiliation may become apparent to all other students in the same course. The available information is dependent on the technology used. Continuation in this course will be



deemed consent to this disclosure. If you have any questions or concerns about such disclosure please discuss this with the course instructor.

## **University Policies**

### **Academic Integrity Statement**

You are expected to exhibit honesty and use ethical behavior in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity. **It is your responsibility to understand what constitutes academic dishonesty.**

Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behavior can result in serious consequences, e.g. the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university.

For information on the various types of academic dishonesty please refer to the [Academic Integrity Policy](https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/), located at <https://secretariat.mcmaster.ca/university-policies-procedures-guidelines/>.

The following illustrates only three forms of academic dishonesty:

1. Plagiarism, e.g. the submission of work that is not one’s own or for which credit has been obtained.
2. Improper collaboration in group work.
3. Copying or using unauthorized aids in tests and examinations.

### **Conduct Expectations**

As a McMaster student, you have the right to experience, and the responsibility to demonstrate, respectful and dignified interactions within all of our living, learning and working communities. These expectations are described in the [Code of Student Rights & Responsibilities](#) (the “Code”). All students share the responsibility of maintaining a positive environment for the academic and personal growth of all McMaster community members, **whether in person or online.**

It is essential that students be mindful of their interactions online, as the Code remains in effect in virtual learning environments. The Code applies to any interactions that adversely affect, disrupt, or interfere with reasonable participation in University activities. Student disruptions or behaviours that interfere with university functions on online platforms (e.g., use of Avenue 2 Learn, WebEx, or Zoom for delivery), will be taken very seriously and will be investigated. Outcomes may include restriction or removal of the involved students’ access to these platforms.

## **Academic Accommodation of Students with Disabilities**

Students with disabilities who require academic accommodation must contact [Student Accessibility Services \(SAS\)](#) at 905-525-9140 ext. 28652 or [sas@mcmaster.ca](mailto:sas@mcmaster.ca) to make arrangements with a Program Coordinator. For further information, consult McMaster University's [Academic Accommodation of Students with Disabilities](#) policy.

## **Academic Accommodation for Religious, Indigenous or Spiritual Observances (RISO)**

Students requiring academic accommodation based on religious, indigenous or spiritual observances should follow the procedures set out in the [RISO](#) policy. Students should submit their request to their Faculty Office **normally within 10 working days** of the beginning of term in which they anticipate a need for accommodation or to the Registrar's Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

## **Copyright and Recording**

Students are advised that lectures, demonstrations, performances, and any other course material provided by an instructor include copyright protected works. The Copyright Act and copyright law protect every original literary, dramatic, musical and artistic work, **including lectures** by University instructors.

The recording of lectures, tutorials, or other methods of instruction may occur during a course. Recording may be done by either the instructor for the purpose of authorized distribution, or by a student for the purpose of personal study. Students should be aware that their voice and/or image may be recorded by others during the class. Please speak with the instructor if this is a concern for you.

## **Faculty of Social Sciences E-mail Communication Policy**

Effective September 1, 2010, it is the policy of the Faculty of Social Sciences that all e-mail communication sent from students to instructors (including TAs), and from students to staff, must originate from the student's own McMaster University e-mail account. This policy protects confidentiality and confirms the identity of the student. It is the student's responsibility to ensure that communication is sent to the university from a McMaster account. If an instructor becomes aware that a communication has come from an alternate address, the instructor may not reply at his or her discretion.

## **Course Modification**

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If either type of modification becomes necessary, reasonable notice and communication with the students will be given with explanation and the opportunity to comment on changes. It is the responsibility of the student to check

his/her McMaster email and course websites weekly during the term and to note any changes.

**Extreme Circumstances**

The University reserves the right to change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, A2L and/or McMaster email.